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Bib Data Sheet

CONFIRMATION NO. 5233

<b>SERIAL NUMBER</b> 09/712,888	<b>FILING DATE</b> 11/15/2000 <b>RULE</b>	<b>CLASS</b> 703	<b>GROUP ART UNIT</b> 2123	<b>ATTORNEY DOCKET NO.</b> 1-2-148.1US	
<b>APPLICANTS</b> James Nolan, Huntington, NY; Leonid Kazakevich, Plainview, NY; Fryderyk Tyra, Huntington Station, NY; Robert Regis, Huntington, NY; Fred Schreider, Commack, NY;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/219,894 07/21/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> <u>RUSSELL FRED</u> Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24374					
<b>TITLE</b> Communication transmission impairment emulator					
<b>FILING FEE RECEIVED</b> 876	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		